ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION		 		
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FORMALITY REVIEW	P.B	1137	10/19/01	
RESPONSE FORMALITY REVIEW	1-fo	(())	12 /2/2/	
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INDEX OF CLAIMS

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If more than 150 claims or 10 actions staple additional sheet here

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er of Services